

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS

FILED

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SECRETARY OF STATE TALLAHASSEE, FLORIDA



REINSTATEMENT

DOCUMENT # P97000067383

CANNONBALL POOL & SPA, INC.

Principal Place of Business: SOUTHWEST 140TH AVENUE FL 33183; Mailing Address: 8255 SOUTHWEST 140TH AVENUE MIAMI FL 33183

Principal Place of Business, Suite, Apt. #, etc., City & State, Zip, Country

3. Date Incorporated or Qualified: 08/05/1997; 4. FEI Number: 65-0771313; 5. Certificate of Status Desired: \$8.75 Additional Fee Required; 6. Election Campaign Financing: \$5.00 May Be Added to Fees; 8. This corporation owes the current year Intangible Personal Property: Yes No

9. Name and Address of Current Registered Agent: AMERILAWYER CHARTERED 343 ALMERIA AVENUE CORAL GABLES FL 33134

10. Name and Address of New Registered Agent: 81 Name: Spiegel & Utrera, P.A.; 82 Street Address: 343 Almeria Avenue; 84 City: Coral Gables FL 85 Zip Code: 33134

11. Pursuant to the provisions of sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with the legal consequences of this action.

SIGNATURE: [Signature] By: [Signature] Vice-President DATE: 12/20/99

12. OFFICERS AND DIRECTORS: PD LATA, JOSEPH P; STD LATA, SUSAN A

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12: 1.1 TITLE, 1.2 NAME, 1.3 STREET ADDRESS, 1.4 CITY-ST-ZIP, 2.1 TITLE, 2.2 NAME, 2.3 STREET ADDRESS, 2.4 CITY-ST-ZIP, 3.1 TITLE, 3.2 NAME, 3.3 STREET ADDRESS, 3.4 CITY-ST-ZIP, 4.1 TITLE, 4.2 NAME, 4.3 STREET ADDRESS, 4.4 CITY-ST-ZIP, 5.1 TITLE, 5.2 NAME, 5.3 STREET ADDRESS, 5.4 CITY-ST-ZIP, 6.1 TITLE, 6.2 NAME, 6.3 STREET ADDRESS, 6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or in an attachment with an address.

SIGNATURE: [Signature] President 11-9-99 305 388 6171

CR2E034 (5/99)